

"(i) upon request of such plan, the entity which issued the certification provided by the individual shall promptly disclose to such requesting plan information on coverage of classes and categories of health benefits available under such entity's plan, and

"(ii) such entity may charge the requesting plan or issuer for the reasonable cost of disclosing such information

"(3) REGULATIONS.—The Secretary shall establish rules to prevent an entity's failure to provide information under paragraph (1) or (2) with respect to previous coverage of an individual from adversely affecting any subsequent coverage of the individual under another group health plan or health insurance coverage.

"(E) SPECIAL ENROLLMENT PERIODS.—  
"(1) INDIVIDUALS LOSING OTHER COVERAGE.—A group health

plan shall permit an employee who is eligible but not enrolled for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible but not enrolled for coverage under such terms) to enroll under the terms of the plan if each of the following conditions is met:

"(A) The employee or dependent was covered under a group health plan or had health insurance coverage at the time coverage was previously offered to the employee or individual.

"(B) The employee stated in writing at such time that coverage under a group health plan or health insurance coverage was the reason for declining enrollment, but only if the plan sponsor (or the health insurance issuer offering health insurance coverage in connection with the plan) required such a statement at such time and provided the employee with notice of such requirement (and the consequences of such requirement) at such time.

"(C) The employee's or dependent's coverage described in subparagraph (A) —

"(i) was under a COBRA continuation provision and the coverage under such provision was exhausted; or

"(ii) was not under such a provision

and either  
the coverage was terminated as a result  
of loss of  
eligibility for the coverage (including as a  
result of  
legal separation, divorce, death,  
termination of employment, or reduction in the number of hours of  
employment) or employer contributions toward  
such coverage  
were terminated.

(D) Under the terms of the plan, the  
employee  
requests such enrollment not later than 30  
days after the  
date of exhaustion of coverage described in  
subparagraph  
(C)(i) or termination of coverage or employer  
contribution  
described in subparagraph (C)(ii).

"(2) FOR DEPENDENT BENEFICIARIES.—

"(A) IN GENERAL.—If—

"(i) a group health plan makes coverage  
available  
with respect to a dependent of an  
individual,

"(ii) the individual is a participant  
under the plan  
(or has met any waiting period applicable  
to becoming